

*Rattlesnake Ridge Water District*  
*Serving Areas of Carter, Elliott and Lawrence Counties*

Member KRWA

P.O. Box 475  
Grayson, Kentucky 41143-0475

(606) 474-7570  
Fax (606) 474-8531  
E-Mail [rrwd@alltel.net](mailto:rrwd@alltel.net)

RECEIVED

NOV 30 2007

PUBLIC SERVICE  
COMMISSION

November 29, 2007

Beth A. O'Donnell, Executive Director  
KY Public Service Commission  
P. O. Box 615  
Frankfort, KY 40602

**RE: Case No. 2007-00484**  
**Filing Deficiencies**

Enclosed is the required information that you requested.

If you have any questions or need additional information  
please contact my office at 606-474-7570.

Very truly yours,



Christopher Stamper  
Assistant Office Manager

CS/lec  
Enclosure



Ernie Fletcher  
Governor

Teresa J. Hill, Secretary  
Environmental and Public  
Protection Cabinet

Timothy J. LeDonne  
Commissioner  
Department of Public Protection

Commonwealth of Kentucky  
**Public Service Commission**  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, Kentucky 40602-0615  
Telephone: (502) 564-3940  
Fax: (502) 564-3460  
psc.ky.gov

Mark David Goss  
Chairman

John W. Clay  
Vice Chairman

Caroline Pitt Clark  
Commissioner

November 27, 2007

Mr. Bill Gilbert  
Rattlesnake Ridge Water District  
P. O. Box 475  
Grayson, KY 41143-0475

**RECEIVED**

NOV 29 2007

**RATTLESNAKE RIDGE  
WATER DISTRICT**

RE: Case No 2007-00484  
Filing Deficiencies

The Commission staff has reviewed your application in the above case. This filing is rejected for the reasons set forth below.

1. Filing deficiencies pursuant to 807 KAR 5:011:

807 KAR 5:011: Section 10(1)(a) - Cost justification for each rate change proposed.

The statutory time period in which the Commission must process this case will not commence until the above-mentioned information is filed with the Commission. If your filing contains a proposed effective date, the rejection of your filing for reasons of deficiencies voids that proposed effective date. When you file the required information to correct the deficiencies, you may refile your proposed tariff with a new proposed effective date that is at least 30 days from the date you file the required information. You are requested to file 10 copies of this information within 15 days of date of this letter. If you need further assistance, please contact Jason Green at 502/564-3940 ext. 470.

Sincerely,

Mike Burford  
Director Division of Filings

MB/MB

**NONRECURRING CHARGE COST JUSTIFICATION**

Type of Charge: Refundable Deposit

1. Field Expense:

A. Materials (Itemize)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

B. Labor (Time and Wage)

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Field Expense** \$ \_\_\_\_\_

2. Clerical and Office Expense

A. Supplies \$ \_\_\_\_\_

B. Labor \_\_\_\_\_

**Total Clerical and Office Expense** \$ \_\_\_\_\_

3. Miscellaneous Expense

A. Transportation \$ \_\_\_\_\_

B. Other (Itemize)

117,447.<sup>54</sup> / 3620 = \$32.<sup>44</sup> Avg Bill  
32.<sup>44</sup> x 2 Month Avg = 64.<sup>88</sup>  
\_\_\_\_\_

**Total Miscellaneous Expense** \$ \_\_\_\_\_

**Total Nonrecurring Charge Expense** \$ 64.<sup>88</sup>

Note on transportation expense:

Closest Customer Service: 1 Mile One-Way  
Farthest Customer Service: 40 Miles One-Way

Total: 41 Miles One-Way  
82 Miles Round Trip

Average: 41 Miles Round Trip

Note on Deposit Calculation:

Total Dollar Amount Billed \$117,447.54  
Total Number of Customers Billed 3620

$117,447.54/3620 = \$32.44$  Average Bill  
 $\$32.44 * 2$  Month Average Bill = \$64.88

**NONRECURRING CHARGE COST JUSTIFICATION**

Type of Charge: Meter Test

1. Field Expense:

A. Materials (Itemize)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

B. Labor (Time and Wage)

1.5 hrs @ 16<sup>66</sup> per Hr. 24<sup>99</sup>

**Total Field Expense** \$ 24<sup>99</sup>

2. Clerical and Office Expense

A. Supplies

\$ \_\_\_\_\_

B. Labor

\_\_\_\_\_

**Total Clerical and Office Expense** \$ \_\_\_\_\_

3. Miscellaneous Expense

A. Transportation

Avg 41 Miles @ .485 Cents per Mile \$ 19<sup>89</sup>

B. Other (Itemize)

Meter Test Fee (see Attached Invoice) 7.<sup>50</sup>

\_\_\_\_\_  
\_\_\_\_\_

**Total Miscellaneous Expense** \$ \_\_\_\_\_

**Total Nonrecurring Charge Expense** \$ 52<sup>38</sup>

7.5

**BIG SANDY WATER DISTRICT**

18200 STATE RT. 3  
CATLETTSBURG, KY 41129  
(606) 928-2075

CUSTOMER'S ORDER NO		DATE		JUNE 1, 2007		19	
NAME RATTLESNAKE RIDGE WATER							
ADDRESS PO BOX 475, GRAYSON KY 41143							
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION				PRICE	AMOUNT	
17	METER TESTS @7.50each					\$127.50	
<b>RECEIVED</b>							
JUN 1 2007							
RATTLESNAKE RIDGE WATER DISTRICT							
						TAX	
						<b>TOTAL</b>	<b>\$127.50</b>

ALL claims and returned goods MUST be accompanied by this bill

Rec'd by \_\_\_\_\_ PRINTED IN U.S.A.

00287

## NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Service Investigation Charge

### 1. Field Expense:

A. Materials (Itemize)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

B. Labor (Time and Wage)

1.5 hrs @ 16<sup>06</sup> per Hr 24<sup>99</sup>

**Total Field Expense** \$ 24<sup>99</sup>

### 2. Clerical and Office Expense

A. Supplies \$ \_\_\_\_\_

B. Labor \_\_\_\_\_

**Total Clerical and Office Expense** \$ \_\_\_\_\_

### 3. Miscellaneous Expense

A. Transportation Avg 41 miles @ .495 cents per mile \$ 19<sup>89</sup>

B. Other (Itemize)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Miscellaneous Expense** \$ 19<sup>89</sup>

**Total Nonrecurring Charge Expense** \$ 44<sup>88</sup>

## NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Meter Reading Recheck Charge

### 1. Field Expense:

A. Materials (Itemize)

<hr/>	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. Labor (Time and Wage)

<u>1.5 hrs @ 16<sup>66</sup> per Hr</u>	<u>24<sup>99</sup></u>
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<b>Total Field Expense</b>	<b>\$ <u>24<sup>99</sup></u></b>
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### 2. Clerical and Office Expense

A. Supplies

\$ 

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B. Labor

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<b>Total Clerical and Office Expense</b>	<b>\$ <hr/></b>
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### 3. Miscellaneous Expense

A. Transportation

<u>Avg 41 Miles @ .485 cents per Mile</u>	<u>19<sup>89</sup></u>
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B. Other (Itemize)

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<hr/>	<hr/>
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<b>Total Miscellaneous Expense</b>	<b>\$ <u>19<sup>89</sup></u></b>
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<b>Total Nonrecurring Charge Expense</b>	<b>\$ <u>44<sup>88</sup></u></b>
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